

AN INDIAN CITY'S HEALTH

HIGHER DEATH RATE AMONG WOMEN

CALCUTTA was the first capital of British India—founded by Job Charnock in 1690. Its present population is 1,500,000, one-third of which is comprised of women. The total area of the city is 44 square miles.

In a recent issue *The Statesman*, a leading Indian daily, published an address of Dr. T. H. Mazumdar, the Health Officer of the City of Calcutta. "After dealing with the birth and death rates, 19 and 30 per thousand respectively, the former with remarkable seasonal variations, the death rate being characterized by the fact that female mortality is $1\frac{1}{2}$ times greater than that of males," Dr. Mazumdar went on to deal with infectious diseases.

Hindu Susceptibility to Cholera

Cholera chiefly occurs in the urban and riparian wards, and a good deal of cholera in Calcutta is water-borne, the heavy incidence of the disease amongst Hindus whose religion enjoins river bathing, together with the fact that the wards bordering the river suffer most severely from cholera is convincing evidence that cholera is water-borne. Another source of danger is the unfiltered water supply. Millions of gallons of raw river water are distributed all over the city for flushing drains, etc. Unfortunately, particularly during the hot weather it is freely used for domestic purposes. An increase of the mortality of cholera is often noticed after bathing festivals, specially when large numbers of pilgrims come to the town from outside.

Isolation of cases, removal to hospitals, disinfection, chlorination of the water of polluted tanks and placing them under police guards, provision of filtered water stand-posts in *bustees* and inoculation are the most effective preventive measures which are adopted in Calcutta.

Smallpox claims an average of about 1,100 lives a year, the death-rate being 1 per thousand. Epidemics of smallpox in Calcutta tend to recur every fourth or fifth year and there are frequently two outbreaks, a milder "pre-epidemic" followed by a severe true epidemic in the following year. Vaccination has not yet become universally popular. In each of the epidemic years of 1925 and 1927 we were able to perform about 300,000 vaccinations, about 30 percent of the population. There is a strong prejudice against vaccination among the Marwaris, and many Hindus will not allow vaccination to be performed when there is a case of smallpox in their houses.

There is thus great difficulty in preventing the spread of infection by the Health Department. Re-vaccination should be made compulsory.

Of plague there was not a single case last year, and the complete disappearance of epidemic plague from Calcutta was anticipated in the near future.

Tuberculosis Havoc

Unsanitary housing conditions, want of fresh air and sunlight, overcrowding; retention of the *purdah* system, ignorance and poverty, and underfeeding are the causes of tuberculosis which claims 2,400 victims every year. The most striking feature of the disease in Calcutta is its preponderance amongst the female population, the rate amongst the females being double that of males. The worst feature, however, is the terrible mortality amongst girls and young women. Between the ages 15 and 20 years for every boy that dies of tuberculosis six girls die. It is the retention of the *purdah* system in the densely populated lanes in the congested city that dooms so many girls to early death from tuberculosis. Another very important factor is early marriage.

Malaria

Malaria is responsible for 1,200 deaths in a year, on an average, a death rate of 14 per thousand. The inclusion of the added areas with a high death-rate for malaria has increased the death-rate of the city. Malarial fevers are most prevalent in the semi-rural and suburban areas. These areas with numerous tanks, miles of open surface drains with no proper outfall and extensive low-lying areas abound in breeding grounds for mosquitoes. This explains the greater incidence of the disease in the above wards.

Mohammedans suffer more severely than the Hindus and females as a rule are more susceptible than males, the death-rate amongst females being more than twice the death-rate amongst males.

How much do you know of Medical Missions and the Women of the Orient?

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The MEDICAL MISSIONARY

CHRISTMAS CRIB AT THE CATHOLIC MEDICAL MISSION HOUSE



Through all eternity
Will I bless their charity
Who first led my steps to Thee,
Sweet, Holy Child.

DECEMBER, 1927

Vol. I.

No. 3

CHRISTMAS IN THE DEPTHS OF THE HIMALAYAS

By DR. ANNA DENGEL

IN THE vast country yonder called Asia, there is a beautiful valley, surrounded by a chain of high mountains, the heights of most of which have never been disturbed by human footsteps. It is the vale of Kashmir, not only wonderful in its spring and autumn glory, but perhaps more so in its winter garb of miles and miles of snow and ice. The majestic whiteness and stillness of the Himalaya giants grip the heart with the sense of a God Who is almighty. Solitude—perfect solitude! Even the bears are fast asleep in their holes; only a snow leopard may prowl about here and there; he is left in peace unless, driven by hunger, he ventures too far down and falls a prey to the clever hunter who expects to sell the skin to a rich lady.

Down in the valley, the people are benumbed from the bitter cold and the poison-laden atmosphere of their homes. As the windows of the dilapidated habitations have no glass in them, the aperture is covered in the winter with thick paper. Fresh air enters only by opening and closing the door. Many women and children do not leave the house for months. They have no suitable garments to protect themselves. Cleanliness is also neglected. Washing with ice cold water is not an attractive performance, hence it is simply omitted.

The mountain passes, with the exception of one, are snowed up and even through the main one, which leads to the Punjab, there is little traffic and sometimes none for days.

Christmas does not interrupt the monotony of the two million inhabitants; being followers of the prophet Mohammed or Hindus, they either have never heard of the birth of Our Lord, or they ignore it. Among the dwellers in this pagan paradise there is a little group of Catholic Missionaries and their charges. Neither snows, nor winds, nor isolation, nor poverty can quench their Christmas spirit, festive mood and eagerness to make everyone around happy.

To relate the experience of an onlooker a few years ago: The priest, a fatherly Missionary from Holland, and the Sisters, were busy making preparations to celebrate the great feast as solemnly as possible to do honor to the Infant Saviour and to make their charges—17 little orphans—as happy as any children in Europe or America. The newly built Mission



church was decorated gaily and tastefully in Eastern style and the Christmas Crib put up. As midnight approached, Joseph, the oldest orphan boy, struck a piece of metal which was dangling from a tree with a hammer. The resulting chimes announced Midnight Mass. The little congregation filed in; four Sisters in habits as white as the snow outside, twelve little girls and five boys all in their Sunday best. One of the nuns from Canada played the organ and the other nuns sang. Everybody received Holy Communion. Everybody was happy. One could see it on their faces. Peace to men of good will was in the air!

After Mass the children had their chance of singing a Christmas hymn in their own Kashmir tongue; it appealed to their hearts and throats. Then came refreshments at this unwonted hour and by 2.00 A. M., everyone was in bed again. Christmas Day was to be the day of surprise. The children were restlessly awaiting the hour announced for the desired event. At 9.00 A. M. sharp, the Rev. Mother opened the parlor door and there stood to the children's visible delight a Christmas tree full of little lights, toys, nuts, apples, odds and ends. At the top was a beautiful star and underneath a little paper crib.

Every child received a little bag of sweets and a toy. For a while everybody was absorbed in his or her gift; by degrees they admired each other's. A woolly rabbit which could hop if a little rubber ball was pressed upon, caused universal astonishment.

In the excitement no one noticed that Cecelia, the four-year-old Benjamin of the happy orphan family, was missing. When this was discovered, they searched for her, but in vain. In the course of the morning, one of the nuns happened to go to the church for a visit; there whom did she see but Cecelia sitting in front of the Crib playing self-invented tunes on the little trumpet which she had just received as a gift! The Sister held her breath so as not to disturb this hymn of Gloria of an angel soul who was drawn to the Crib as the shepherds of old, to express her love for the Saviour of us all. Thus Christ, our Infant King, is honored even unto the depths of the snowed-up Himalaya Mountains.

The MEDICAL MISSIONARY



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EDITORIAL

LIFE without Christmas! What would it be? Never to have laid eyes on that scene of Bethlehem with the Infant Saviour's outstretched arms, the deep adoration of Mary and Joseph, the Star, the Angels, the humble homage of the Shepherds and never to have grasped the personal meaning of it all for life and eternity!

What a desert land this world of ours would seem to us if we were suddenly robbed of the knowledge of the coming of the Saviour and all it means! And yet, we hardly realize that we are among the privileged minority. There are thousands, millions and even hundreds of millions who are actually alive today who have not seen the Star of Light and who have not heard the good tidings.

How is it that one is so little stirred, distressed and appalled at this spiritual misery and poverty of the greater number of human beings; that one is not driven to fervent prayer, energetic action and heroic sacrifices of time, labor, comfort and life itself? Why? Who will answer the question? It seems a mystery.

Complete darkness is discouraging. That stage has passed in many mission countries. To speak of India, there is a hopeful glimmer of light. Although up to the present, after centuries of hard mission work, there are only six millions of Christians, of whom three millions are Catholics, one can find everywhere that Christianity has permeated more or less. This becomes very evident at Christmas. In a hospital or dispensary for instance, people come by dozens to wish a happy feast day and bring presents for the occasion. They seem to enter into the seasonal spirit of joy and good will and generosity. The gifts are varied, from the widow's mite of a few nuts and oranges or highly colored cakes, to a costly embroidered shawl. Some are touching because they show real personal effort and desire to express the language of the heart.

One Christmas a very good, poor Mohammedan woman, who was a frequent visitor at the dispensary brought a picture drawn and painted by her husband at her suggestion. It just had "Wellcome" (Note the spelling) on it. Needless to say it was one of the most cherished gifts.

One wonders what Christmas might be in a land of 320 millions of people all more or less drawn to religion if everyone in the 60 million homes had Christmas joy in their heart and if Midnight Mass were celebrated not only in the larger cities and towns, but also in many of the 700,000 villages! It seems a castle in the air and yet every tabernacle erected is a step nearer to the goal. Even one more is an achievement! This year in the native city of Rawalpindi, where there are about 60,000 inhabitants, mostly Mohammedans, Hindus and Sikhs, Midnight Mass will be celebrated for the first time in the history of the native town. The chapel of our first hospital which is barely completed will be the scene and three Medical Missionaries are privileged to prepare the Home for Him Who was refused a shelter once. The poverty will have a touch of Bethlehem and the congregation will be mostly the poorest of the poor, outcasts, untouchables, pariahs, in other words, despised human beings. But our Lord chose the poor as His first adorers; it is now as then.

Being the instrument in God's Providence by which the erection of one more tabernacle in the pagan world is made possible, our Society has very special reason to rejoice this year and we want our friends to rejoice with us, for they also have a large share in it.

Dear Friend, this Christmas night let your thoughts wander, for a few moments at least, to that first Midnight Mass in our little hospital chapel in the very north of India. May this scene which you have helped to bring about, add to your Christmas joys, of which we wish you and yours, a superabundance!



PAVING THE WAY

By DR. ANNA DENGEL

THE evolution of a Mission Hospital is a slow process. So far, Protestant effort has produced 252 hospitals for India; Catholic effort, 6. The Society of Catholic Medical Missionaries is adding the seventh. How did it come about? Very simply and slowly.

St. Catherine's Hospital in Rawalpindi, founded by Dr. Agnes McLaren in 1906, can only accommodate 15 in-patients and it is situated in a district between European quarters and a small native bazaar. The greater number of the in-patients and also a good number of the out-patients came from the thickly populated native city about five miles distant. The well-to-do came in tongas, but were always in a hurry, so as not to run up the fare of the driver. Some came on foot, but the majority came never or rarely as the distance was prohibitive. They would not mind walking for miles, riding on a donkey, or being jolted about in a bullock cart occasionally, but to come regularly for treatment was too much either for their purse or their strength. Besides, many husbands, still strong believers in the purdah system, did not approve of their wives going out repeatedly and so far. To reach them, there was obvious need of bringing help nearer to their doors.

The native Catholics in the city numbering about 150, also needed care and attention. They were visited regularly once a week by the Franciscan Missionaries of Mary of St. Catherine's. The Sisters arranged for the baptisms of the new born babies, discovered any dying person and encouraged the people to go to Mass on Sundays, but could not blame them too much if they did not come. It was at least a half-hour walk to Church. In the heat of the summer, Indians are inclined to take the world easy and in the winter, the poor as all outcastes are, have no suitable clothing.

As a matter of course the nuns went armed with castor oil, eye drops, iodine and antiseptic ointments. Sometimes the writer went with them or instead of them, especially during the fever season. As soon as the women heard of our arrival, they collected all the patients with minor ailments, these were always numerous; without any ceremony, a dispensary in the open was set up. Those who were very ill, we treated in their homes. Catholics were always glad when we visited them. More than once they themselves suggested that we should all kneel down and recite a decade of the rosary or some other prayers, which we did. They proudly took us in front of the holy pictures which we had given them. Some had just a cross painted on the wall. The poverty, to Westerners, is beyond comprehension. A few charpoys (string-beds), quilts and cooking utensils are their "all." Once the writer noticed a



DISPENSARY AFTERNOON IN THE SWEEPER'S LANE RAWALPINDI

little toy horse which had been given as a Christmas gift in a niche high up in the wall. It was apparently too precious to be played with.

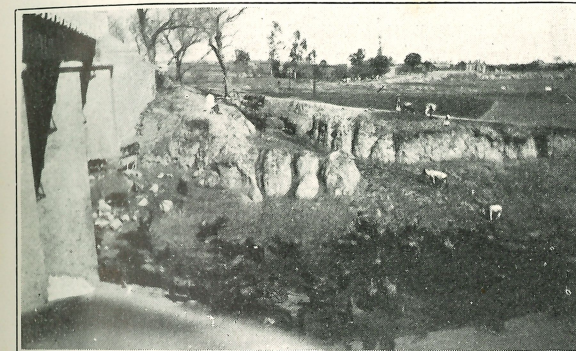
Occasionally on these rounds the Sisters or the doctor were implored to find employment, settle disputes, petition the municipality for some favor, etc. One such request is vividly in the writer's memory. A certain public-spirited, young sweeper who was able to read and write had drawn up a very lengthy document complaining of high rates and he asked permission to read it aloud. The word *rates* occurred in every sentence and was spelled and pronounced "rats." A sample sentence would run thus: "I beg to inform your honor that the rats are weighing heavily upon us poor peoples. I have no hesitation in being convinced that you will not allow the rats to ruin us but on the contrary cut them down to the best of your ability and kindheartedness. Our people will be forever grateful if the rats are no more on their minds, etc., etc." Sad to relate the document was too much "rats" for the lifesparing Hindu officials and the rates remained as before. This incident is just to show that Missionaries have to rise to a variety of occasions.

After more than a year's regular spade work, a priest went to the city on Sundays to say Mass. A one-room hut in the sweeper's lane was converted into a schoolroom during the week and as

it was free of any furnishings, the teacher and pupils sitting on the floor, it was easily converted into a chapel on Sundays. An altar was improvised and fixed up by the nuns.

The congregation consisted of two nuns, the writer and the native Catholics who had been drummed up. The temporary parish church was so full that the priest could barely genuflect. The music was provided by babies in arms, who are inseparable from their mothers in India. The deep sighs of old women furnished a sonorous variety. Yet there was something specially devotional to this Mass. Our Lord seemed very near.

Realizing that the small group of Catholics had to be fathered and mothered so to say, and that contact with the Mohammedans and Hindus, especially those of higher castes on account of the seclusion of the women, was only possible through medical aid and the way being paved, Rt. Rev. Msgr. R. Winckley, Prefect Apostolic of Kashmir and Kafristan, decided to establish a Mission



SITE CHOSEN

in the native city. A hospital being the most needed and the most welcome, was to make the beginning. The choosing of the site was important and also difficult as Indians do not like to part with the land of their fathers, especially to strangers. After many searches, a suitable piece of land was discovered. The Prefect Apostolic and the writer drove out past it for inspection. To stop and display a special interest would be fatal; the report of it would soon reach the owner and he would charge a fancy price.

After due consideration, negotiations for the purchase of the site were begun in 1924 before the writer left India and concluded in all its intricate details in 1927. Our January issue will contain the account of the next step.

The current issue of the *Public Health Nurse* has an article on "Public Health Nurses in Missions." It is interesting from a comparative standpoint and it also brings home the fact that very few nurses of any denomination are yet giving their services to the improvement of social and hygienic conditions in countries where ill health on a large scale is an important factor in

retarding religious, social and economic advancement. A person with an enormously enlarged spleen and a minimum stock of haemoglobin has no energy to chase flies, keep the house clean, much less listen to a new doctrine. Seeing is believing!

VALE

The departure of a missionary is always a solemn event. Although the ends of the earth do not seem remote anymore, they are still far away; enough to mean a real separation from home. And it is above all, the realization of the privilege of being sent for the purpose of contributing a share either by preaching or teaching or by works of charity to build the kingdom of Christ among pagans, which gives a peculiar sacredness to the event. In a special departure ceremony the Church expresses the sentiments of her children very beautifully.

Our third departure ceremony was held on October 27th. Very Rev. Father Mathis, C. S. C., encouraged the departing Missionary and all the members of the Society by drawing a picture of Our Lord's mission methods; His constant solicitude and compassion for the sick and His numerous miracles on their behalf. Very Rev. Father Mathis also referred to the vast field of labor before the new Society. Catholic Medical Missions of our times being only in their infancy, he expressed the hope and the wish that they would develop as a means to spread and strengthen our Holy Faith in non-Christian countries.

After the address, Sister Agnes Marie renewed her Mission oath. Then Benediction of the Most Blessed Sacrament and the singing of the hymn for departing Missionaries followed. The Holy Cross Seminarians as usual provided the choir.

Friends who came for the occasion joined us in wishing Sister Agnes Marie Godspeed. A few hours later she waved a cheerful good-bye from the deck of the *France* to Dr. Dengel who accompanied her to New York to see her off. Since then, we have already received news of her safe arrival in London.



FIRST CHRISTMAS TREE (1925)

ST. FRANCIS XAVIER—A MEDICAL MISSIONARY

(Feast December Third)

IT IS said that every Missionary is expected to be somewhat of a "Medical" Missionary. After all, if at the sight of a helpless fellow-creature writhing in pain, burning with fever or covered with sores, a Missionary would not at least, try to do his best, he could hardly claim to be even a Christian. He could not very well blame the poor ignorant people for not being much impressed by strangers who wanted to teach them something better, but would not take any notice of their sufferings or have any means of alleviating them; besides, he would not follow the Missionary method of Our Lord Himself.

It is therefore to be expected that St. Francis Xavier, the Apostle of India, one of the most heroic and successful Missionaries that ever lived, was a Medical Missionary when need arose. He had some practise even before he set out on his Missionary quest.

In the early pioneer days of the order (1537), St. Ignatius called his sons to Venice. After the fatigues of the journey, wishing to give them a little rest, yet one agreeable to their fervor, he divided them between the two large hospitals of Venice, St. John and St. Paul and the Incurables; places where each had an opportunity to gain experience and practice charity. The hospital of the Incurables fell to the share of Francis Xavier. Promptly did he undertake his task, looking upon every one of his patients as he would upon Christ Himself. It was his delight to raise them in his arms, to dress their wounds, to wash and cleanse them. Nothing could repel him. He watched by them through the entire night sometimes, cheered and animated them and prepared them for death; sometimes he even buried them. Only once was he tempted to forget his generosity of purpose. When dressing a badly neglected cancer, he recoiled before the repugnant undertaking; he made up for this rebellion of nature by chastising himself severely and using his tongue to clean up the virulent matter. We shrink from such a picture; but saints take heroic measures!

On the long and disastrous voyage to India, St. Francis Xavier was kept busy working for the welfare of the souls and bodies of his fellow travellers, who numbered about one thousand. He was their spiritual father, doctor, infirmarian, comforter and servant; he was everything to everyone. Several of the passengers died; so universal and dangerous was the infection that only a few escaped a long illness that year. St. Francis Xavier was incessantly passing from one to the other, giving them medicines, feeding them, washing them and their belongings and hearing their confessions. He gave to the sick, the food which the governor sent him, contenting himself with crusts of bread and water.

When he arrived in Goa, he at once began his labors. Three, or under extraordinary circumstances, four hours were given to rest, though not without interruption. He generally lay on the ground at the foot of the bed of a patient in order that he might be on the spot ready to give prompt assistance if called for. Early in the morning he left his own hospital and went to the lepers in the suburbs, where he visited the patients one by one, consoling them, serving them, hearing their confessions. On feast days he said Mass in this hospital and gave Holy Communion to the lepers with his own hand.

When St. Francis Xavier traveled he used every opportunity to announce the name of Christ. Halting one day, in one of the many idolatrous villages in the South, he began to preach, but his endeavors were fruitless. God, however, came to his aid on this as on many other occasions by giving him the power of performing miraculous cures which resulted in many conversions. "It would seem," writes St. Francis Xavier himself, "as if Almighty God sent maladies upon these people to draw them as it were in spite of themselves, to the knowledge of Him and that being cured by an evident miracle, they may understand how great a difference there is between the God of the Christians and the god of the Brahmans whose prayers over the sick prove unavailing." Our Lord even deigned to multiply his miraculous power by imparting it to those whom he commissioned to visit the sick in His name.

Laboring in the interior among strange tribes, he writes: "You may imagine what sort of a life I lead when I tell you that I can neither speak their language nor they mine and that I have no interpreter to assist me. All that I can do is to go about baptizing children and offering all the relief I can to the poor and the sick. This is a language which is well understood without interpreters."

On his way to China he stopped in Malacca which he had visited previously when going to Japan. Because his great charity was remembered, he was welcomed enthusiastically. No sooner did he land than the victims of an epidemic then raging, sent for him. He and his companions were indefatigable in the service of the helpless sick. The house occupied by the fathers was soon crammed full of patients; St. Francis Xavier himself went about the city, picking up the infected as they lay about in the streets and carrying them to the already overfilled hospital. To provide more room for the sick he fitted up as well as he could, the old useless ships which were on the sands and he went begging from door to door for them.

St. Francis Xavier was also solicitous about the health of his companions. To Father Perez he

WURZBURG

Distinctly Medical Mission organizations can still be counted on the fingers. The very first in appearance was the Catholic Medical Mission Institute of Wurzburg, Bavaria. It was founded in 1922 by Rt. Rev. Msgr. P. Becker, S. D. S., some time after his return from Assam, India, where he had been Prefect Apostolic for seven years. The members of the Institute are laymen and laywomen who study medicine, dentistry or pharmacy and when qualified offer their services to some established mission under a mutual agreement. They are provided for but do not get a salary. They may be married or single.

The present Medical Mission Institute is an old rented house in the picturesque and historic city of Wurzburg, Bavaria. The rapid development of the Institute made the building of suitable headquarters imperative. A recent letter announces the good news that the building will be actually begun in the near future.

Rt. Rev. Msgr. Becker, the Director, humorously remarks that he expects the Editor of THE MEDICAL MISSIONARY to find some "backers up." He means it too! It would be a real source of gratification for our Society, if we could be the means of helping in some measure to provide a suitable mother house for our brother and sister Medical Missionaries of Germany.

FEELING THE PULSE

In India the doctor working among natives meets with unexpected difficulties. Many, especially women, are still at that stage of ignorance, where they expect the doctor to know everything from the pulse; if questions are asked, it is taken for granted that the doctor does not know much or is not willing to exert himself or herself on behalf of the patient. Working among Brahmans in the South of India, Dr. C. O'Connor also came in contact with high caste Hindu widows, who, when having their pulse felt, wished to cover the wrist with a cloth, so as not to be polluted by the touch of a non-Brahman. When asked to explain, they said that ordinary Brahmans are only polluted by the touch of outcastes, but widows, even by the touch of a non-Brahman. A bath in a sacred tank would remove the pollution; but being widows, and hence ipso facto deprived of all pleasures, they were advised to be more particular in carrying out the details of their religious practices, in order to merit a better fate in the next life. Not being touched by anyone except by people of their own exalted caste, was one of the degrees of perfection!

In the December issue of *Asia* an article by Gertrude Emerson, entitled, "Being a Doctor Willy-Nilly" and dealing with medical experiences of a white lady who is not a doctor but forcibly made one by the Indian village folk, may interest our readers.

writes: "I do not recommend you to attend to the health of your soul, because I know you do so, but, I advise you to take care of your body. I wish you to do all you can for the complete restoration of health."

Finally St. Francis Xavier's patience and resignation in his own illness is admirable. Although ardently desirous of going to China, he was to leave this world from Sancian. There, actually bereft of the necessities of life, he was attacked with fever on November 20, 1552. He was carried to the common hospital on board the ship, but as at that season of the year the winds and currents kept the vessel in constant agitation, which prevented the quiet application of his mind to God, he requested to be landed again the next day. A kindhearted Portuguese, seeing him left on the beach under a sharp North wind, transferred him to his own poor hut. On the following day his illness was aggravated. His host entreated him to be bled. No expert surgeon was available, nevertheless, the Saint willingly submitted to the proposal. The operation being unskillfully performed injured the nerves of his arm. However, a second bleeding was advised and performed. His weakness increased yet he prayed continuously. "O most holy Trinity," was his most frequent ejaculation. On Friday, December 2, 1552, he died exclaiming, "In Thee, O Lord, I have hoped, let me never be confounded."

When his body was exposed in the church of St. Paul in Goa, the blind, the lame, the paralytic, the lepers and every other kind of invalid pressed near him and many were cured. Periodically, his body was exposed and the faithful kissed his feet.

After the amputation of the right arm, his body until then intact, began to shrink, but is still exposed every ten years. Thousands of pilgrims come to venerate it and miraculous cures are reported every now and then. Conspicuous among these pilgrims are the Goans who spare no trouble and expense to travel with their whole families to their native land, to do honor to their beloved Saint, to whom they owe so much.

CRESCAT ET FLOREAT

Rev. Father Van der Schueren, S. J., the eloquent and picturesque missionary from India, who can tell tales of forty-two years of actual experience in a pioneer mission was, as you remember the First Subscriber to our magazine. His verdict was naturally welcomed for better or for worse. It turned out to be the former. "My hearty congratulations," he says, "I find your paper very interesting, especially your own articles in it. Crescat et floreat! is my earnest wish for your paper and of course very much more for your Society."

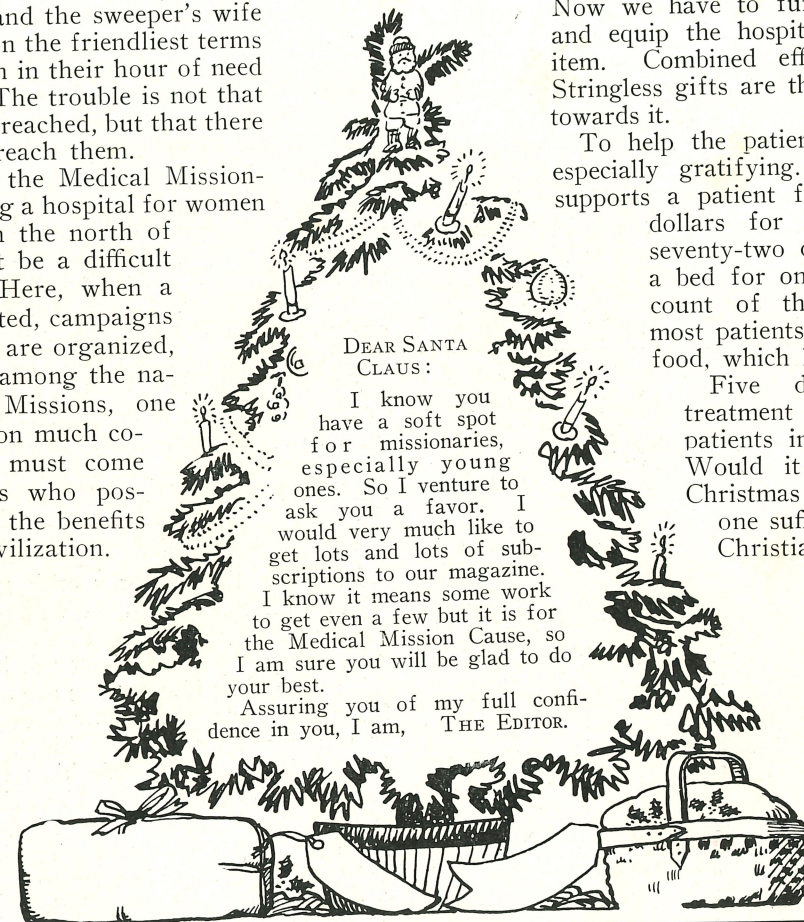
SOLILOQUY

One good work I want to remember this Christmas is Medical Missions.

A learned Jesuit who spent many years in India wrote some time ago: "We have not scratched the surface of India because we have not reached her women."

In India only about 1.8% of the women can read and write; it is clear from this that schools and the press have a limited scope as yet. It has been found by experience that the rich, secluded Mohammedan lady, the cast-bound Hindu women and the sweeper's wife can all be met on the friendliest terms by helping them in their hour of need and sickness. The trouble is not that they can not be reached, but that there are so few to reach them.

I know that the Medical Missionaries are opening a hospital for women and children in the north of India. It must be a difficult undertaking. Here, when a hospital is started, campaigns and auxiliaries are organized, but I suppose among the natives in the Missions, one can not count on much co-operation. It must come from ourselves who possess and value the benefits of Christian civilization.



DEAR SANTA
CLAUS:

I know you have a soft spot for missionaries, especially young ones. So I venture to ask you a favor. I would very much like to get lots and lots of subscriptions to our magazine. I know it means some work to get even a few but it is for the Medical Mission Cause, so I am sure you will be glad to do your best. Assuring you of my full confidence in you, I am, THE EDITOR.

Well—it is quite true, that in Mission countries, things are different from home. To give an instance: Recently it was stated officially that in the City of Bombay, out of 20,000 deaths annually, 15,000 occur in persons who have not been attended in their last illness by a doctor.

Mission Hospitals as well as government hospitals are much appreciated. The former have a hard struggle, particularly in the beginning. Most of the help has to come from Christian countries.

One wing of our first hospital is completed. Now we have to furnish the chapel and equip the hospital. It is a big item. Combined effort will do it. Stringless gifts are the most welcome towards it.

To help the patients personally is especially gratifying. Twenty cents supports a patient for one day, six dollars for one month and seventy-two dollars maintains a bed for one year. On account of the Caste system most patients bring their own food, which lessens expense.

Five dollars provides treatment for about fifty patients in the dispensary. Would it not be a nice Christmas gift to let some one suffering experience Christian Charity?

DR. ANNA DENGEL,
Society of Catholic Medical Missionaries,
16th Street and Bunker Hill Road,
Brookland, D. C.

Dear Doctor Dengel—I am very much interested in your work and in your new magazine.

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The MISSIONARY MEDICAL



The Holy Family under Whose patronage the first Hospital of the Society will be placed and Whose Name it will bear

JANUARY, 1928

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